Shift Scheduling in Pediatric Emergency Medicine

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- Aaron Cohen





Content

- Background
- Motivation
- Formulations
 - Weighted Sum method
 - Metric constraints method
- Result
- Future Research
 - Pareto method





Resident Responsibilities in the U-M Pediatric Emergency Department

- 3-7 year medical training program
 - Responsibilities differ by residency year
- Balancing patient care and educational requirements
 - In hospital
 - Caring for patients
 - Teaching medical students
 - Learning from attending physicians
 - Out of hospital
 - Community clinics
 - Conferences
 - Other educational requirements





Pediatric ED: Scheduling Considerations

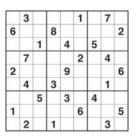
- All shifts assigned to a resident
- Appropriate coverage
 - e.g. certain shifts require a senior resident
- ACGME rules (similar to ABET for engineering)
 - e.g. 10 hour break rule
- Several different residency programs
 - Pediatrics (PED)
 - Family practice (FP)
 - Emergency medicine (EM)
- And others





Motivation

- Scheduling residents
 - Complicated requirements (UM Pediatric ED)
 - 25 governing rules and preferences
 - Educational goals
 - Patient care
 - Regularization / Safety





- Chief resident built monthly schedule by hand
 - Time consuming process: 20 25 hours / month
 - Transfer every year: no scheduling experience in July
 - Guess and check: errors / tedious correction process

Mixed Integer Programming





Motivation

Practical Significance

- Poor-quality schedule
 - Residents: decreased interest in learning
 - Patients: adverse health events

(Smith-Coggins R, et. al. (1994): "Relationship of day versus night sleep to physician performance and mood." Annals of Emergency Medicine)

Goals

- Solves for feasible schedule quickly
- Create a good quality schedule with no violations







Formulation: Problem Size

Sets

- R: set of residents
 - 15-25 residents
- D: set of days in the schedule
 - 35 days
- S: set of shifts
 - 8 shifts

Decision Variables

- Binary: x_{rds} ∈ {0, 1}
 - 1 if resident r works shift s on day d
 - 0 otherwise

Smith		Sanchez		Chen	Sha	h	•••			
	27 th			1 st	•••	31 st				
7a-4p	Shah		•••		•••					
9a-6p	Joe		•••		•••	S	hah			
10a-7p					•••					
12p-9p		Chen				С	hen			
4p-1a	Smith		•••	Sanchez						
5p-2a			•••		•••	Saı	nchez			
8p-5a	Sanchez		•••	Smith		Sr	nith			
11p-8a			•••	Chen	•••	J	loe			

Residents Name



Objectives: Shift Fairness

- Total / night shift equity
 - Equal opportunities for training
 - Improved morale and learning ability

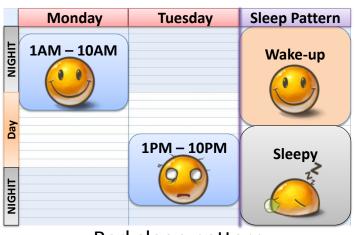
Resident Name	Smith	Jones	Chen	Joe
Night Shifts / Total Shifts	0/7	1/7	1/7	5/7
Fairness				

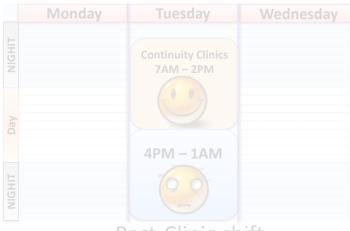
- Total shift equity (TSE): $(\sum t_{ij}, t_{ij} = |D_i D_j|, i > j)$
- Night shift equity (NSE): $(\sum n_{ij}, n_{ij} = |N_i N_j|, i > j)$



Objectives: Undesired Shift

- Bad sleep patterns and post-clinic shifts
 - Improves resident quality of life
 - Increases patient safety





Bad sleep pattern

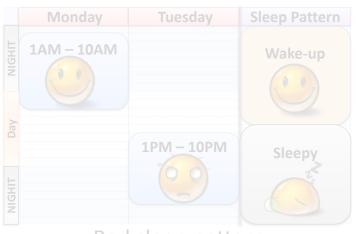
Post-Clinic shift

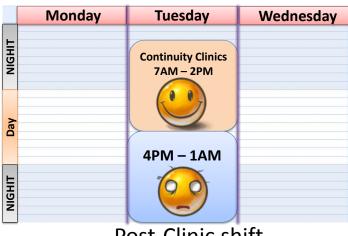
- Minimum bad sleep patterns (BSP): ($\sum count$)



Objectives: Undesired Shift

- Bad sleep patterns and post-clinic shifts
 - Improves resident quality of life
 - **Increases patient safety**





Bad sleep pattern

Post-Clinic shift

Minimum post-clinic shifts (PCC): ($\sum count$)



Formulation: Constraints

- Constraints (rules/requirements)
 - One resident assigned to each shift in the month
 - $\sum_{r \in \{\text{all}\}} x_{rds} = 1$, $\forall d, \forall s$
 - Meets shift requests
 - $x_{rds} = 0$, $\forall r, \forall d, s \in \{\text{day off, conferences, continuity clinic}\}$
 - Ensure resident type appropriate for shift
 - $\sum_{r \in \{PED\}} \sum_{s \in P} x_{rsd} \ge 1, \forall d, P = \{\{7a,9a\}, \{4p,5p\}, \{8p,11p\}\}\}$
 - Intern-forbidden shifts
 - $\sum_{r \in \{\text{interns}\}} \sum_{d} x_{rsd} = 0, \forall s \in \{7\text{a}, 11\text{p}\}$
 - And others



Multi-Criteria Problem

- Multi-Criteria schedule
 - Metrics for UM Pediatric Emergency Department
 - Total shift equity (TSE)
 - Night shift equity (NSE)
 - Minimum bad sleep patterns (BSP)
 - Minimum post-clinic shifts (PCC)

Weights?
Preferences?
Trade-off?

Multi-objective Mathematical Programming



Weighted Sum Method

Min
$$w_1(TSE) + w_2(NSE) + w_3(BSP) + w_4(PCC)$$

s. t. "rules/requirements"
 $x_{rds} \in \{0,1\}$

- Quantifying preferences (w_i) is difficult
 - Weights are subjective and difficult to quantify
 - Resulting schedule does not match their intentions
 - Various measurement units
 - Equity (σ , Max|diff_{ij}|, \sum |diff_{ij}|, ...)





Optimized Residency Scheduling Assistant (ORSA): Metrics Formulation

- Feasibility problem
 - Constraint on metrics

```
Min w_1(TSE) + w_2(NSE) + w_3(BSP) + w_4(PCC)
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x_{rds} \in \{0,1\}
```

- Benefits of a feasibility problem
 - More flexible
 - Faster to solve: < 2 sec.</p>
 - Given: 35 days / 20 PEDs / 8 shifts





Optimized Residency Scheduling Assistant (ORSA): Metrics Formulation

- Feasibility problem
 - Constraint on metrics

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```

- Benefits of a feasibility problem
 - More flexible
 - Faster to solve: < 2 sec.</p>
 - Given: 35 days / 20 PEDs / 8 shifts





Optimized Residency Scheduling Assistant (ORSA): Interactive Improvement

- Example output of metrics
 - Value (Lower bound, Upper bound)

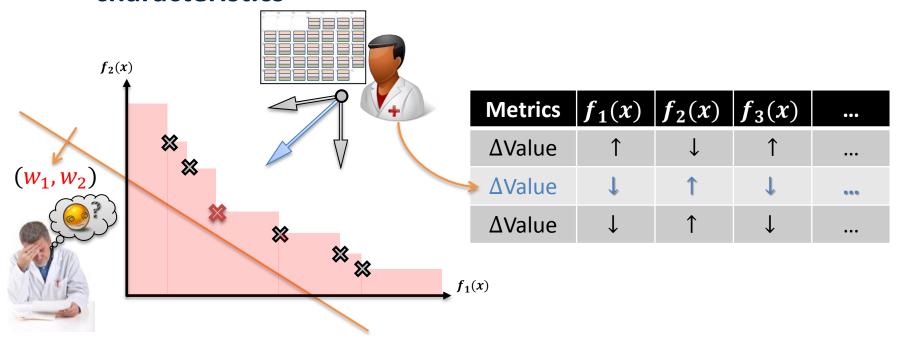
Resident Name	Number of Shifts	Number of Night Shifts	Number of Post CC	Number of Bad Sleep Templates
Smith	8 (<mark>7,9</mark>)	2 (0,10)	0 (0,1)	1 (0,1)
Sanchez	8 (7,10)	1 (0,10)	0 (0,1)	1 (0,1)
Chen	8 (7,9)	5 (0,10)	1 (0,1)	1 (0,1)
Shah	14 (13,15)	3 (0,10)	1 (<mark>0,1</mark>)	1 (0,1)
:	:	:	:	:

- Interactive approach engaging chief resident
 - Iteratively adjust bounds on metric constraints
 - Quickly build high quality schedule



Optimized Residency Scheduling Assistant (ORSA): Interactive Improvement

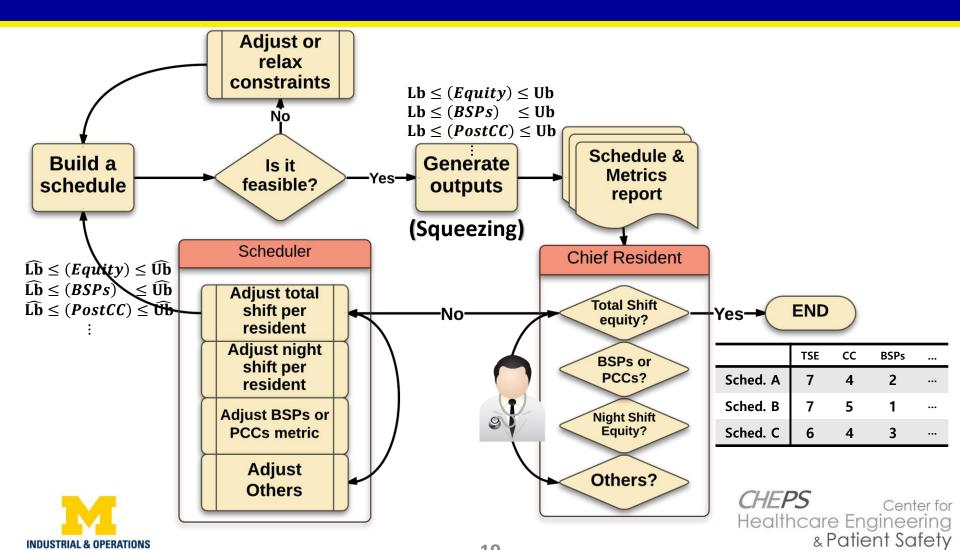
- Interactive Feedback
 - Chief resident identifies undesirable qualitative characteristics







ORSA Methodology



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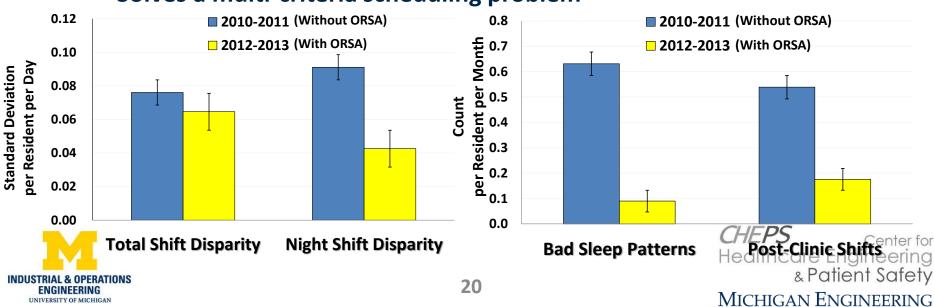
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ORSA: Results

- Our metrics-based scheduling tool:
 - Reduces time to create schedules

20 hours / 1 hour /month

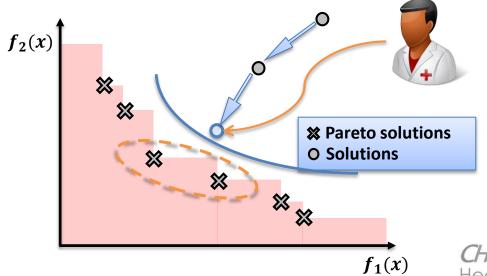
Solves a multi-criteria scheduling problem



ORSA: Limitations

Myopic Solution

- Non-Pareto solution could be selected by a chief residents
 - Never see the whole picture (the set of Pareto solutions)
 - The most preferred solution is "most preferred" with respect to their satisfaction





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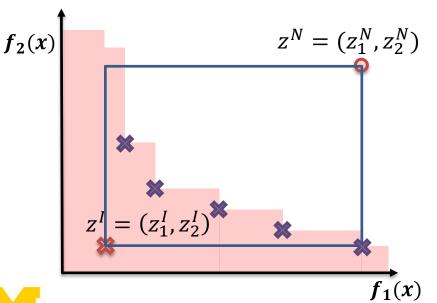
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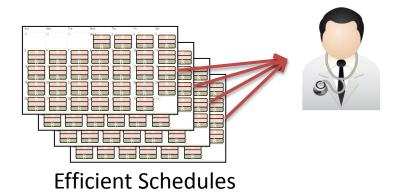
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Next Step

Pareto Solutions

- Generate the Pareto solutions of the problem (all of them or a sufficient representation)
 - Select the most preferred one among them







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Notation

- $-\mathcal{H}$: Solution Space, the set of feasible solutions
- $-\mathcal{P}$: Pareto Set
- $-z_i = f_i(x)$: ith integer objective function, $\in \mathbb{Z}$
- Dominance (\prec): $x \prec x'$ if and only if $z_i \leq z_i'$ where at least one inequality is strict

Bi-Objective Problem

$$\min f(x) = (f_1(x), f_2(x))$$
s. t. $x \in \mathcal{H}$





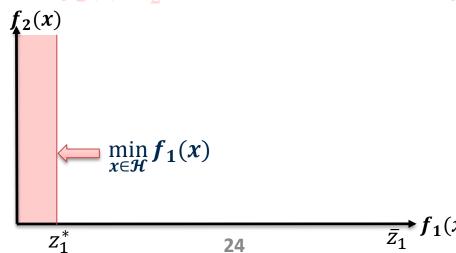
Pareto Square Region

– Ideal Point:

•
$$\mathbf{z}_1^* = \min_{\mathbf{x} \in \mathcal{H}} f_1(\mathbf{x}) \text{ and } \mathbf{z}_2^* = \min_{\mathbf{x} \in \mathcal{H}} f_2(\mathbf{x})$$

- Nadir Point:

•
$$\overline{z}_1 = \min_{x \in \mathcal{H} \cap f_2(x) = z_2^*} f_1(x)$$
 and $\overline{z}_2 = \min_{x \in \mathcal{H} \cap f_1(x) = z_1^*} f_2(x)$



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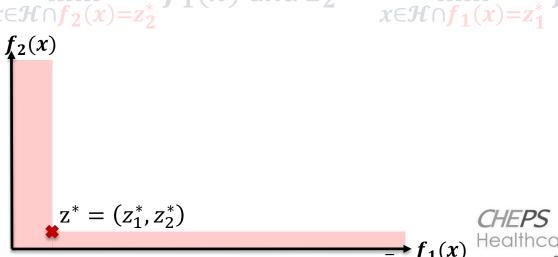
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$$\overline{z}_2 = \overline{z}_1$$



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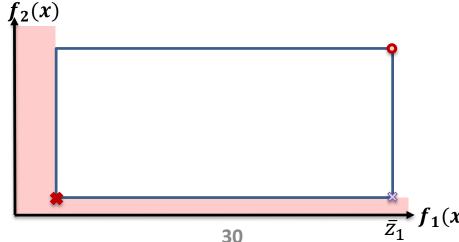
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Pareto Squeezing Algorithm

```
Algorithm 1 Exact squeezing algorithm for bi-objective problems
      Let P is set of pareto solutions we've found;
            Compute the ideal (z_1^*, z_2^*) and Nadir (\bar{z}_1, \bar{z}_2) points;
            Set P := \{(\bar{z}_1, z_2^*)\} and \delta := \bar{z}_1 - 1;
            WHILE \delta \geq z_1^*
                 Solve P_2(\delta) and get optimal solution (z_1^i, z_2^i) to P_2(\delta);
                 //Given (z_1^i, z_2^i), Find a left-botton corner (\hat{z}_1^i) in the Pareto set;
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            Set P := P + (\hat{z}_1^i, z_2^i) and \delta = \hat{z}_1^i - 1;
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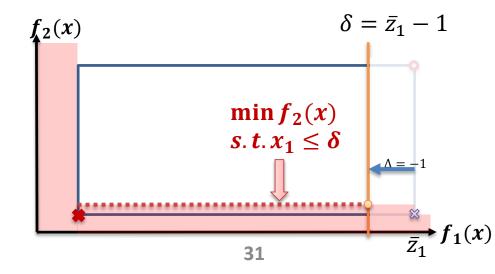


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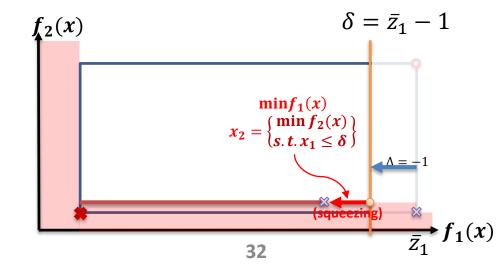
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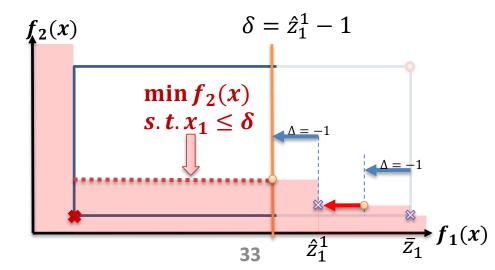
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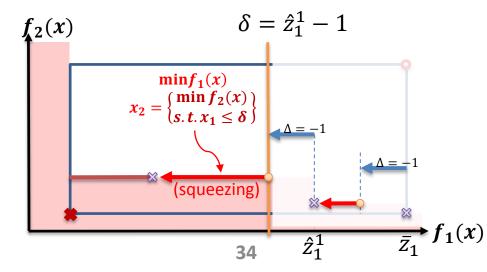
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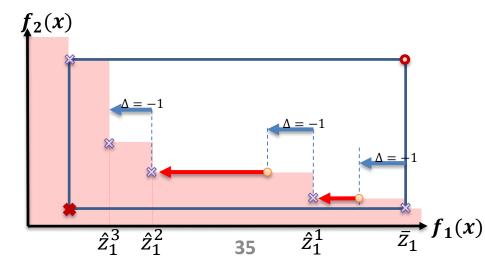
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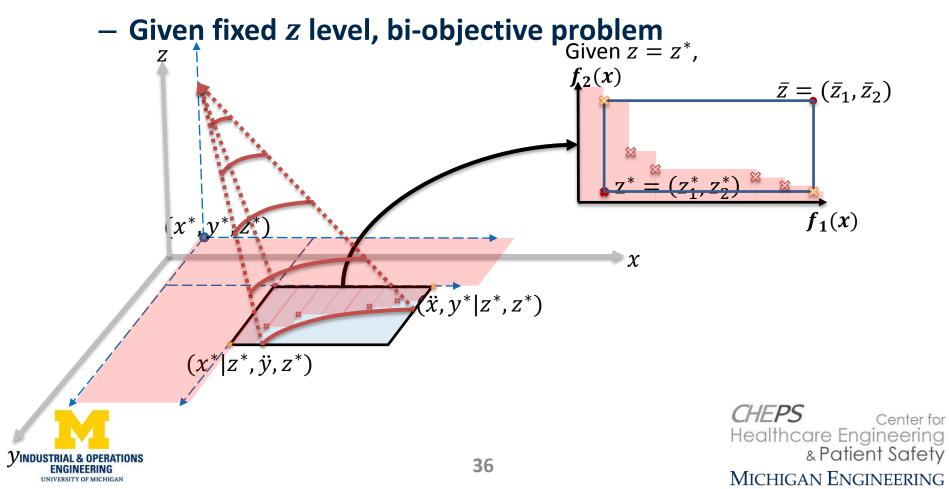


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"Pareto Cone"



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- **CHEPS:** The Center for Healthcare Engineering and Patient Safety
- **HEPS:** Industrial and Operations Engineering (IOE) Master's Concentration in Healthcare Engineering and Patient Safety offered by CHEPS
- CHEPS and HEPS offer unique multidisciplinary teams from engineering, medicine, public health, nursing, and more collaborating with healthcare professionals to better provide and care for patients
- For more information, contact Amy Cohn at amycohn@umich.edu or visit the CHEPS website at: https://www.cheps.engin.umich.edu



Thank You!





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Feedback and Questions

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